


# Retail Food Inspection Report

Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> BEAN STREET CAFÉ	<b>Telephone Number</b> Est 812-923-1404 Own 502-645-1411	<b>Date of Inspection</b> 12/16/2020	<b>ID#</b>		
<b>Address</b> 101 LAFOLLETTE STATION, FLOYDS KNOBS IN 47119	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 12/26/2020		
<b>Owner</b> JIM BOOK		<b>Menu Type</b> 1 _ 2 <u>X</u> 3 _ 4 _ 5 _			
<b>Owner's Address</b> 6706 WIESEKA HILL RD FLOYDS KNOBS, IN 47119-					
<b>Person in Charge</b> GABRIELLE GOBBELS					
<b>Responsible Person's Email</b> STARLIGHTCOFFEECOMPANY@GMAIL.COM					
<b>Certified Food Handler</b> CHRISTINA NAVILLE                      JULIA PALMER					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C    _____    NC    _____    R    _____					
Received by (name and title printed): GABRIELLE GOBBELS			Inspected by (name and title printed): A.J. Ingram CHIEF FOOD SPECIALIST		
Received by (signature):			Inspected by (signature): 		
cc:		cc:		cc:	